



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 13, 2012

Margaret Cleary, Administrator
Grace Cottage Hospital
Po Box 216
Townshend, VT 05353

Dear Ms. Cleary:

The Division of Licensing and Protection completed a survey at your facility on **November 20, 2012**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **December 11, 2012**.

Sincerely,

A handwritten signature in cursive script, appearing to read "Frances L. Keeler".

Frances L. Keeler, RN, MSN, DBA
Assistant Division Director
Director State Survey Agency

PC:jl

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2012
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NAME OF PROVIDER OR SUPPLIER

GRACE COTTAGE HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

PO BOX 216

TOWNSHEND, VT 05353

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	INITIAL COMMENTS	C 000		
C 152	<p>The Division of Licensing and Protection conducted an unannounced onsite complaint investigation 11/19/12 - 11/20/12. A regulatory deficiency was cited as a result.</p> <p>485.608(b) COMPLIANCE WITH STATE & LOCAL LAWS</p> <p>All patient care services are furnished in accordance with applicable State and local laws and regulations.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the hospital failed to report an allegation of patient mistreatment as required by the VSA Title 33, Chapter 69, Reports of Abuse, Neglect and Exploitation of Vulnerable Adults, Subchapter 1, 6903. (Patient #1). Findings include:</p> <p>1. Per staff interview and record review, the hospital failed to report an allegation of patient mistreatment received on 3/9/12 from Patient # 1 to Adult Protective Services (APS) within 48 hours as required per V.S.A. Title 33 Chapter 69 Section 6903 (a) "Any of the following, other than a crisis worker acting pursuant to section 1614 of Title 12, who knows or has received information of abuse, neglect or exploitation of a vulnerable adult or who has reason to suspect that any vulnerable adult had been abused, neglected or exploited shall report or cause a report to be made in accordance with the provisions of section 6904 of this title within 48 hours;</p> <p>(5) A hospital, nursing home, residential care home, home health agency or any entity providing</p>	C 152	<p>The Quality Department will re-educate and review with Senior Leadership, Department Heads, and the Quality Committee the regulations and laws regarding reporting any allegation of abuse or witnessed abuse within 48 hours per state statute and Grace Cottage Hospital's Abuse Policy. Date to be completed by 01/31/13</p> <p>All Department Heads will be responsible to review and re-educate their staff regarding the internal Abuse Policy and the regulations and laws pertaining to allegations of abuse reporting. Date to be completed by 03/31/13</p> <p>All future allegations of suspected abuse will be reported with 48 hours by Grace Cottage Hospital to the appropriate Protective Service Division of Licensing and Protection, which complies with the state regulation and internal Abuse Policy.</p> <p><i>POC accepted / R. Tremblay Franceska Keeler 12/11/12</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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C 152	<p>Continued From page 1</p> <p>nursing or nursing related services for remuneration, intermediate care facility for adults with mental retardation, therapeutic community residence, group home, developmental home, school or contractor involved in caregiving, operator or employee of any of these facilities or agencies."</p> <p>Per review of the facility policy regarding abuse, any alleged or witnessed cases of abuse shall be reported to APS within 48 hours from the date of the incident. Review of facility internal investigation documents showed that despite receiving Patient # 1's allegation of mistreatment on 3/9/12, the facility did not report the incident to APS until 8/27/12.</p> <p>Per interview on 11/19/12 at 10:50 AM, hospital staff from the Quality Management Department verified that they had received a complaint from a patient on 3/9/12 alleging that the patient had been mistreated during a hospital stay and confirmed that the hospital failed to report the allegation to Vermont Adult Protective Services (APS) within 48 hours as required by state statute.</p>	C 152		